

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM

STD. 262 A (REV. 6/2000c)

See Instructions and *Privacy
Statement On Reverse Side

Page of Pages

CLAIMANT'S NAME Maziar Movassaghi		SSAN OR EMPLOYEE NUMBER [REDACTED]		DEPARTMENT Toxic Substances Control	
POSITION Acting Director		CB/ID NUMBER NR		DIVISION OR BUREAU Executive Office	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 1001 I Street		INDEX NUMBER 5000	
CITY [REDACTED]		STATE CA		ZIP CODE 95814	

(1) MONTH/YEAR July 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., LT, N/C, RELO. DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
7/07	19:00	Residence to Mountain View	105.59						SC				105.59	
7/08		Green Chemistry and IT Partneship at SAP Inc. Headquarters in Palo Alto, CA												
		Met w/City/County of San Francisco re various Brownfields projects-City Hall-San Francisco												
7/08	18:00	Return to residence	N/A						SC	4.00			4.00	
7/15	07:00	Residence to Orange County							SC/A					
		Brown Bag Meeting with DTSC Cypress Office and							RC					
		Update/Review of Projects in Southern California												
7/15	18:58	Orange County to Residence							A/SC	9.00			9.00	
7/17	12:54	Copies of Green Chemistry documents for distribution to Governor's Office											33.55	33.55
(10) SUBTOTALS			105.59							13.00			33.55	152.14
CLAIM TOTAL													\$152.14	

11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

A=Air RC= Rental SC=State Car

12) NORMAL WORK HOURS											
8:00 am - 5:00 pm											
13) PRIVATE VEHICLE LICENSE No.											
7PGL740											
14) MILEAGE RATE CLAIMED											
/mile											
15) AGENCY ACCOUNTING OFFICE USE ONLY											
PAID BY REV. FUND CHECK No.											
PCA	PROJECT	WORK PHASE	OBJ AO	AMOUNT	OBJ AO	AMOUNT	OBJ AC	AMOUNT	OBJ AO	AMOUNT	TOTAL
95080			292	105.59	295	13.00	248	33.55			\$152.14
TOTALS				105.59		13.00		33.55			\$152.14

15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE 	DATE 8/11/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE 8/12/09
SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) 		DATE 8/13/09	